

EXHIBIT R

1060932



Corrective Action Form

Store/Dept.: 3/21

Employee's Name: Rafael Fox Employee's Hire Date: _____

Manager's Name: Adam Snyder Today's Date: 6/27/04

Statement of Situation

Manager's Statement Describe the situation leading to the completion of this notice. Use Corrective Action Plan Form, if necessary.

Date of Occurrence(s): 6/26

Description: Rafael's Drop was (6.11) short, which is a violation of our cash handling policies. I would have attached his till summary, but he never drops it!

Employee's Statement Employee is encouraged to remark about this event. Use Corrective Action Plan Form, if necessary.

Date of Occurrence(s): _____

Description: _____

Corrective Action

(circle one) Verbal Written

(circle one) Verbal Written

Date: _____ By Whom: _____

Date: _____ By Whom: _____

Comments: _____

Comments: _____

- ☐ Employee scheduled to meet for follow-up evaluation on _____ to review Action Plan to improve performance.
- ☐ See attached Action Plan. ☐ Other: _____

Reinforcing Improved Performance

Date: _____ Performance has (circle one): Improved not improved

If performance has improved:

If performance has NOT improved:

Specific description of how employee performance has improved:

Action Taken:

Action Plan for continued reinforcement of improved performance:

Signatures

Manager preparing form

Date

Next level manager

Date

I have read the above document and understand the information.

Employee

Date

SKW 104130

Yellow Copy-employee (if written action)

Pink Copy-manager/store copy

Blue Copy-Human Resources/Regional Office

CONFIDENTIAL

DEF0000030



Corrective Action Form

Employee's Name:

Store/Dept.:

Employee's Hire Date:

Manager's Name:

Today's Date:

Statement of Situation

Manager's Statement

Describe the situation leading to the completion of this notice. Use Corrective Action Plan Form, if necessary.

Date of Occurrence(s):

Description:

Employee's Statement

Employee is encouraged to remark about this event. Use Corrective Action Plan Form, if necessary.

Date of Occurrence(s):

Description:

Corrective Action

(circle one)

Verbal

Written

(circle one)

Verbal

Written

Date:

By Whom:

Date:

By Whom:

Comments:

Comments:



Employee scheduled to meet for follow-up evaluation on _____ to review Action Plan to improve performance.



See attached Action Plan.



Other:

THIS IS A VIOLATION OF OUR CASH HANDLING POLICY ANY FURTHER
 INFRACTIONS WILL RESULT IN FURTHER CORRECTIVE ACTION POLICIES
 AND INCLUDING TERMINATION

Reinforcing Improved Performance

Date:

Performance has (circle one):

Improved

not improved

If performance has improved:

If performance has NOT improved:

Specific description of how employee performance has improved:

Action Taken:

Action Plan for continued reinforcement of improved performance:

Signatures

Manager preparing form

Date

Next level manager

Date

I have read the above document and understand the information.

Employee

Date

SKU 104130

Yellow Copy-employee (if written action)

Pink Copy-manager/store copy

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